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APPLICANTS				
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** CONTINUING DATA *****				
<i>None</i>				
** FOREIGN APPLICATIONS *****				
<i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED				
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 21
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23702 Bausch & Lomb Incorporated One Bausch & Lomb Place Rochester, NY 14604-2701				
TITLE				
Surface modification of contact lenses				
FILING FEE RECEIVED '788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)	